

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>my</i>		7/30/96
O.I.P.E. CLASSIFIER		5	8-5-99
FORMALITY REVIEW		7/597	8/13/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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